

Employee Direct Deposit Enrollment Form



To enroll in Full Service Direct Deposit, simply fill out this form and give to the payroll bookkeeper. Attach a voided check for each checking account – not a deposit slip, or ask your financial institution to give you the Routing/Transit Number and account number(s) on letter head.

Employee Information

Name: _____ Last 4 digits of SS No.: _____

Work Dept.: _____ Work Number: _____

Bank Name: _____

Routing #: _____ Account No.: _____

#1 ☐ Checking ☐ Savings #2 ☐ Add (New) ☐ Change ☐ Cancel #3 I wish to deposit: \$ _____. ____ or ☐ Entire Net Amount

Bank Name: _____

Routing #: _____ Account No.: _____

#1 ☐ Checking ☐ Savings #2 ☐ Add (New) ☐ Change ☐ Cancel #3 I wish to deposit: \$ _____. ____ or ☐ Entire Net Amount

Bank Name: _____

Routing #: _____ Account No.: _____

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Bank Name: _____

Routing #: _____ Account No.: _____

#1 ☐ Checking ☐ Savings #2 ☐ Add (New) ☐ Change ☐ Cancel #3 I wish to deposit: \$ _____. ____ or ☐ Entire Net Amount

I hereby authorize Tippecanoe County to deposit any amounts owed to me as I have indicated on this form. In the event that Tippecanoe County deposit funds erroneously into my account, I authorize Tippecanoe County to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in effect until I have cancelled or changed my account information in writing.

Signature _____

Date _____